Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 23, 2008

Gary Blatnick, Director Del Norte County health & Human Services 206 Williams Drive Crescent City, CA 95971

Dear Mr. Blatnick:

AUDIT REPORT - DEL NORTE COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Del Norte County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	\$ 1,027,855	\$ 1,053,852	\$ 25,997
State General Funds EPSDT Due State	\$ 310,356	\$ 300,917	\$ (9,439)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative

Gary Blatnick, Director January 23, 2008 Page 2

Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

for

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL/GILTNER, Supervisor Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS			As Settled	Audit Adjustments	As Audited
COUNTY PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ \$	923,610 \$ 5,116 928,726 \$	22,039 377 22,416	5,493
CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 3b) (Sch. 3b)	\$ \$	99,129 \$ 0 99,129 \$	3,581 0 3,581	\$ 102,710 0 \$ 102,710
TOTAL FFP - COUNTY PLUS CONTRAC' MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRAC'		\$ \$	1,022,739 \$ 	25,620 377 25,997	5,493
SUMMARY OF STATE GENERAL FUNDS EPSDT - SGF	(Sch. 4)	\$	310,356 \$	(9,439)	\$300,917_

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

Name	<u>co</u>	UNTY OPERATED FEDERAL					Audit		
Total Medi-Cal Gross Reimbursement CMH 1968, Ln 11, 11A 1,572,532 4,4131 1,528,403 3 6,000 4,					As Settled				As Audited
2. Outpatient SD/MC and Crossover 3. Enhanced SD/MC (Children) - UP 4. Enhanced SD/MC (Children) - UP 5. Enhanced SD/MC (Children) - UP 6. Enhanced SD/MC (Refugees) - UP 6. Enhanced SD/MC (Refugees) - UP 7. Healthy Families Gross Reimbursement-UP 8. Healthy Families Gross Reimbursement-UP 9. Total 1. Outpatient SD/MC and Crossover 10. Inpatient SD/MC and Crossover 11. Outpatient SD/MC and Crossover 12. Enhanced SD/MC (Children) - UP 13. Enhanced SD/MC (Children) - UP 14. Enhanced SD/MC (Children) - UP 15. Enhanced SD/MC (Children) - UP 16. Enhanced SD/MC (Children) - UP 17. Healthy Families Gross Reimbursement-UP 18. Healthy Families Gross Reimbursement-UP 19. Inpatient SD/MC and Crossover 10. Inpatient SD/MC and Crossover 10. Inpatient SD/MC and Crossover 10. Inpatient SD/MC and Crossover 11. Outpatient SD/MC and Crossover 12. Enhanced SD/MC (Children) - UP 13. Enhanced SD/MC (Children) - UP 14. Enhanced SD/MC (Children) - UP 15. Enhanced SD/MC (Refugees) - UP 16. Healthy Families Patient Revenue - UP 17. Healthy Families Patient Revenue - UP 18. Total 19. Inpatient SD/MC (Refugees) - UP 19	Tot	al Medi-Cal Gross Reimbursement				-		_	
September Company Co	1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
4. Enhanced SD/MC (Children) - O/P (MH1968, Ln 16, 16A) 1,493 104 1,597 5. Enhanced SD/MC (Refugees) - U/P (MH1968, Ln 22) 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 27, 27A) 0 0 0 8. Healthy Families Gross Reimbursement-U/P (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total No. 1,581,883 (44,216) \$ 1,537,667 Less: Patient & Other Payor Revenues Less: Patient & Other Payor Revenues 10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 1 4,430 0 14,330 11. Outpatient SD/MC Children)-U/P (MH 1968, Ln 29) 0 0 0 0 12. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 0 13. Enhanced SD/MC (Refugees)-U/P (MH 1968, Ln 30) 0 0 0 0	2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		1,572,532		(44,131)		1,528,401
5. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22) 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 27, 27A) 0 0 0 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 7,658 (190) 7,668 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total (MH1968, Ln 27, 27A) 7,858 (190) 7,667 10. Contract (MH1968, Ln 27, 27A) 1,581,838 (44,216) \$ 1,537,667 11. Contract (MH1968, Ln 27, 27A) 1,4430 0 0 0 0 0 0 0 0 <	3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 0 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 7,858 (190) 7,668 9. Total \$ 1,581,883 \$ (142,16) \$ 1,537,667 Less: Patient & Other Payor Revenues 10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 0 \$ 0 \$ 0 11. Outpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 14,430 0 14,430 12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 0 13. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 0 15. Enhanced SD/MC (Refugees) - I/P (MH 1968, Ln 31) 0 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 0 17. Hea	4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		1,493		104		1,597
The Balthy Families Gross Reimbursement-I/P	5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
Realthy Families Gross Reimbursement-O/P	6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
Description	7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
Less: Patient & Other Payor Revenues	8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	7,858		(190)		7,668
10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) \$ 0 \$ 0 1.0 11. Outpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 14,430 0 14,430 12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 0 0 13. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH 1968, Ln 30) 0 0 0 0 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH 1968, Ln 31) 0 0 0 0 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 0 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 0 0 0 0 18. Total \$ 14,430 \$ 0 \$ 0 \$ 0 0 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-U/P (Ln 5 - Ln 16) 0 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 0 23. Healthy Families-I/P (Ln 6 - Ln 15) 0 0 0 0 0	9.	Total		\$=	1,581,883	\$ _	(44,216)	\$=	1,537,667
11. Outpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) 14,430 0 14,430 12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 14,430 0 0 0 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-I/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P <td>Les</td> <td>s: Patient & Other Payor Revenues</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Les	s: Patient & Other Payor Revenues							
12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 0 18. Total *** Total *** 14,430 *** 0 0 0 0 18. Total *** ** ** ** ** ** ** ** ** ** ** ** **	10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 14,430 \$ 0 \$ 0 \$ Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-I/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ 0 \$ 0 <td>11.</td> <td>Outpatient SD/MC and Crossover</td> <td>(MH 1968, Ln 28, 28A)</td> <td></td> <td>14,430</td> <td></td> <td>0</td> <td></td> <td>14,430</td>	11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		14,430		0		14,430
13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 14,430 \$ 0 \$ 0 \$ Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-I/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ 0 \$ 0 <td>12.</td> <td>Enhanced SD/MC (Children)-I/P</td> <td>(MH 1968, Ln 29)</td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td>0</td>	12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 14,430 \$ 0 \$ 14,430 Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement			(MH 1968, Ln 29)		0		0		0
Healthy Families Patient Revenue-I/P	14.		(MH1968, Ln 30)		0		0		0
17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 0 18. Total \$ 14,430 \$ 0 \$ 14,430 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement	15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
Medi-Cal Net Reimbursement for Direct Services	16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) 0 0 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0	17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	18.	Total		\$_	14,430	\$	0	\$_	14,430
20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 1,559,595 (44,027) 1,515,568 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	Me	di-Cal Net Reimbursement for Direct Services							
21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		1,559,595		(44,027)		1,515,568
23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		
24. Healthy Families-O/P (Ln 8 - Ln 17) 7,858 (190) 7,668 25. Total \$ 1,567,453 \$ (44,216) \$ 1,523,237 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
Medi-Cal MAA Reimbursement \$ 1,567,453 \$ (44,216) \$ 1,523,237 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	24.	Healthy Families-O/P	(Ln 8 - Ln 17)		7,858		(190)		7,668
26. Service Functions 01-09 (MH1979, Ln 11, Col. A) 0 0 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	25.	Total		\$=	1,567,453	\$	(44,216)	\$_	1,523,237
26. Service Functions 01-09 (MH1979, Ln 11, Col. A) 0 0 0 27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0	Me	di-Cal MAA Reimbursement							
27. Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A) 0 0 0 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0 0			(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0	27.	Service Functions 11-19, 31-39	, , ,						
			, , ,						
			, , , , , , , , , , , , , , , , , , , ,	\$	0	\$		- \$	

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
			As Settled	_	Adjustments		As Audited
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$	0	\$ _	0	\$ _	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	273,849	\$	(5,530)	\$	268,319
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	178,773	\$	104,016	\$	282,789
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	178,773	\$ _	89,546	\$ _	268,319
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	nit (MH1979, Ln 8)	\$	786	\$	(19)	\$	767
41. Healthy Families Administration	(MH1979, Ln 9)	\$	0	\$	1,417	_	1,417
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	0	\$ =	767	\$_	767
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	43,819	\$	(510)	\$	43,309
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	0	\$_	0	=	0
Nia CD/MC Dain-haman and FFD				_		_	
Net SD/MC Reimbursement - FFP 45. Direct Services	(MH1979, Ln 16,16A)	\$	800,388	\$	(22,113)	e.	778,275
		Þ	971	Ð	(22,113)	Ф	
46. Enhanced (Children)	(MH1979, Ln 17,17A)				0		1,038
47. Enhanced (Refugees)	(MH1979, Ln 18)	• • •	0				0
48 MAA	(MH 1979, Ln 11, 12 & 13	5)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		89,387		44,772		134,159
50. U.R. Skilled Professional	(MH1979, Ln 14)		32,864		(382)		32,482
51. U.R. Other	(MH1979, Ln 15)		0		0		0
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$	923,610	: ^{\$} =	22,344	· \$ =	945,954
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # 47)		0		305		305
56. Total SD/MC Reimbursement - FFP		\$	923,610	\$_	22,039	\$_	945,649
Net Healthy Families Reimbursement - FFP							
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	5,116	\$	(124)	\$	4,992
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)		0		500		500
60. Total Healthy Families Reimbursement - FFP	•	\$	5,116	\$	377	\$_	5,493
61. Total - FFP (Ln 56 + Ln 60)		\$	928,726	\$	22,416	\$	951,142
,				= =		: =	(To Sch. 1)

DEL NORTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Numbe	<u>Legal Entity</u>		(f) Regular M/Cal and Crossover Gross Cost (MH 1968,	(2) Enhanced - Children Gross Cost INP	(3) Enhanced - Refugees Gross Cost A T E E	(4) Total Gross Cost (Excl. HFP) N: T	(5) Healthy Families Gross Cost (MH 1968,	(6) Regular M/Cal and Crossover Gross Cost	(7) Enhanced - Children Gross Cost O U T	(8) Enhanced - Refugees Gross Cost P A T t (MH 1968,	(9) Total Gross Cost (Excl. HFP) E N T	(10) Healthy Families Gross Cost
			Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(60). 1 (6 5)	Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(00% 0 % 0)	Ln 27, 27A)
00118 00120 00386 00401 00472 00529 00921	Families First Milhous Treatment True to Life Counseling The Devereux Foundation Willow Glen Tapestry Family Services	************************						18,583 \$ 28,868 \$ 59,670 \$ 20,115 \$ 2,727 \$ 605 \$ 33,152 \$ 36,465 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$			18,583 \$ 28,868 \$ 59,670 \$ 20,115 \$ 2,727 \$ 6005 \$ 33,152 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	Cn 27, 27A) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		* * * * * * * * * * * * * * * * * * *	0 \$ 0 \$ 0 \$	0 \$ 0 \$	0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$	0
		s ·	0 \$ 0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$		0 \$	0 \$	0 \$	0

DEL NORTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	<u>Legal Entity</u>	E	(11). Total Revenue (Excl. HFP) 1 N P A T 1 (MH 1968, Ln 28 to 30)	(12) Healthy Families Revenue E.N.T	(13). Total Revenue (Excl. HFP) 0 U.T.P.A.T (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue 1 E N T (MH 1968, Ln 31)	(15). Total Net Cost (Excl. HFP) IN P.A. (Col 4-11)	Net Cost Healthy Families T.E.N.T	(17) Total Net Cost (Excl. HFP) (Col 9-13)	(18) Net Cost Healthy Families ATTENT (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00118	Victor House	\$	0 \$	0 \$	0 \$	0 9	0 \$	0	\$ 18,583 \$	0 \$	0
00120	Families First	\$	0 \$	0 \$	0 \$	0 9	0 \$	0	\$ 28,868 \$	0 \$	0
00386	Milhous Treatment	\$	0 \$	0 \$	0 \$	0 \$		0			0
00401	True to Life Counseling	\$	0 \$	0 \$	0 \$	0 9					0
00472	The Devereux Foundation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0			0
00529	Willow Glen	\$	0 \$	0 \$	0 \$	0 9	0 \$	0	\$ 605 \$	0 \$	0
00921	Tapestry Family Services	\$	0 \$	0 \$	0 \$	0 9		0			0
00922	Rosewood Care Center	\$	0 \$	0 \$	0 \$	0 \$					0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :			0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :			0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :			0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :			0
0		0 \$	0 \$	0 \$	0 \$	0 9					0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :			0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 :		0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	\$ 0 \$	0 \$	0
О		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	5 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	6 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 8	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 5	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0.5	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
Ω		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 5	0 \$	0 \$	n
ñ		0 \$	0 \$	0 \$	0 \$	0 \$		o s			n
n		0 \$	0 \$	0 \$	0 \$	0 \$		0 8			0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 9			0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 9		0 \$	0
	GRAND TOTAL	\$_	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	200,185 \$	0 \$	0

DEL NORTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		333	(20)	(21)	(22)	(23)	(24)	(25)	{26}	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legai			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity			ENT	OUTPA		(FFP)	(FFP)	(FFP)	Maximum	Maximum
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00118	Victor House	\$	0 \$	0 \$	0 \$	0 \$				0 \$	9,669
	Families First	\$	0 \$	0 \$	0 \$	0 \$				0 \$	14,819
	Milhous Treatment	\$	0 \$	0 \$	0 \$	0 \$				0 \$	30,766
00401	True to Life Counseling	\$	0 \$	0 \$	0 \$	O \$		0 \$		0 \$	10,199
	The Devereux Foundation	\$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	1,364
00529	Willow Glen	\$	C \$	0 \$	0 \$	0 \$		0 \$		0 \$	311
00921	Tapestry Family Services	\$	0 \$	0 \$	0 \$	0 \$				0 \$	16,912
00922	Rosewood Care Center	\$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	18,670
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	0
О		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	O \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$. 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	n
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	ń
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
n		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
U		U J	0 4	0 4	U	υ ψ	υ ψ	U J		J 4	
	GRAND TOTAL	\$	0 \$	0 \$	0 \$	0 \$	102,710 \$	0 \$	102,710 \$	0 \$	102,710

(To Sch. 1)

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	1,752,619	(36,866)	1,715,753
(2) Total SD/MC Claims	1,741,045	0	1,741,045
(3) Percent % (Line 1/Line 2)	1.0066	(0.0212)	0.9855
(4) EPSDT Claims	968,281	0	968,281
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	974,672	(20,457)	954,215
(6) Cost Settled Baseline for EPSDT	335,554	0	335,554
(7) Net Cost Settlement Amount (Line 5 - Line 6)	639,118	(20,457)	618,661
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	310,356	(9,439)	300,917
(8a) FY 2001-02 EPSDT settlement (48.64% of Net Cost Settlement Amount (8))	484,214	(17,924)	466,290
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	310,356	(9,439)	300,917
(11) SGF Distribution (Settled and Audited)	310,356	0	310,356
(12) SGF Due (State)	(0)	(9,439)	(9,439) (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider	DEL NORTE	COUNT	ГҮ		Provider Number 00008	ľ	No. of Adj. 42	1	al Perio une 30,	d Ended 2003	
	Report Refe						As	Increase		A	s
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S		Reported	(Decrease)		Adju	sted
				ADJUSTMENTS TO REPORTED COSTS							
1 2	MH 1960 MH 1960	8 18	C	ALLOWABLE COSTS FOR ALLOCATION MODE COSTS		\$	2,574,940 \$2,256,947	\$ (50,019 \$ (50,019			524,921 * 206,928
				To disallow costs not related to patient care (Food and Transportatio CMS 15-1, Section 2102.3 and 2304.	n for Clients)						
3	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$	2,524,921	\$152,51	!	\$2,6	677,433
				To adjust reported A-87 cost to agree with the formally approved Cot Cost Allocation Plan (COWCAP) dated August 14, 2002. CMS 15-1, Section 2304.	untywide				÷		
4 5	MH 1960 MH 1960	9	3	SD/MC ADMINISTRATION NON SD/MC ADMINISTRATION		\$	178,773 76,621	\$ (178,777 (76,62			\$0 * 0 *
-	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS			255,394			;	255,394 *
				To eliminate the reported distribution of administrative costs. Costs redistributed after adjustments to administrative costs below.	will be						
6 7	MH 1960 MH 1960	13 15	C C	SKILLED PROFESSIONAL MEDICAL PERSONNEL NON-SD/MC UTILIZATION REVIEW		\$	43,819 18,780	\$ (43,819 (18,78)			\$0 * \$0 *
-	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS			62,599				62,599
				To eliminate the reported distribution of Utilization Review Costs (UR will be redistributed to the proper cost centers after adjustments to U Review costs are made below.). UR costs tilization						
8	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS		** \$	255,394	\$ 152,51	!	\$	407,906 *
				To adjust administrative costs in conjunction with adjustment numbe	r 3.						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider	DEL NORTE	COLINI	~		Provider Number 00008	No. of Adj. 42	i	eriod Ended 30, 2003
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	'S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
9 10 11	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		** \$ - 0 ** 0 ** \$ 407,906	\$ 282,789 1,417 123,699	\$ 282,789 1,417 123,699 \$ 407,905
				To allocate total administrative cost among SD/MC, Healthy Families Non SD/MC Administration based on the gross cost method percent of 69.3270% for SD/MC, 0.3475% for Healthy Families, and 30.3255 Non SD/MC.	ages			
12 - 13	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	3 3 3 3	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS	_	** \$ - 0 ** 0 ** \$ 62,599	\$43,309 - 19,290	\$ 43,309 - 19,290 \$ 62,599
				To allocate the Non SD/MC Utilization Review portion related to SPM Other SD/MC Utilization Review using the audited gross cost percen 69.19% for SD/MC and 30.81% for Non SD/MC. * Balance carried forward to subsequent adjustment.	ir and tages of			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	DEL NORTE	COUNT	Y		Provider Number 00008	No. of Adj. 42		eriod Ended 30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	'S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MODES OF SERVIO	<u>DE</u>			
14 15	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	4 5 6 8 9	1 1 1 1	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) OUTREACH SERVICES (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To adjust reported costs at the mode level in conjunction with Adjust 1 and 2. The adjustments reflect the RVS method of allocation.	ments	\$ 366,363 1,856,164 7,420 27,000 \$ 2,256,947	\$ (8,836) \$ (41,183) - - \$ (50,019)	\$ 357,527 1,814,981 7,420 27,000 \$ 2,206,928
16	MH 1966A	3		ADJUSTMENTS TO REPORTED GROSS COST MODE 10 - PROGRAM 1 SERVICE FUNCTION 10/95		\$ 366,363	\$ (8,836)	\$ 357,527
17 18 19 20	MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3		MODE 15 - PROGRAM 1 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70 To adjust the Medi-Cal reported gross cost at the service function leteronjunction with Adjustments 14 and 15 using the RVS method of all	vel in ocation.	285,323 661,199 545,294 215,621	(6,882) (15,947) (13,154) (5,200)	278,441 645,252 532,140 210,421
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Report Reference	Provider					Provider Number	No. of Adj. 42		riod Ended
Adj. Form/ No. Sch. Line Col.		DEL NORTE	COUNT	ΓY		00008	42	June 3	10, 2003
Adj. Form/ Sch. Line Col. ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2 213,172 9,238 22 22 MH 1966A 8 Total MEDI-CAL UNITS - 10/01/02 to 09/30/02 527,191 (4,609) 52 23 MH 1966A 9 Total MEDI-CAL UNITS - 10/01/02 to 09/30/03 527,191 (4,609) 52 23 MH 1966A 10 Total School Colorare/MEDI-CAL UNITS - 10/01/02 to 09/30/03 14,079 (314) 1 1 1 1 1 1 1 1 1		Report Refe	гепсе		TVD AVATION OF AUDIT AD HIGHAFAIT	THE REPORT OF THE PROPERTY.			As Adjusted
ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2	, -	•	Line	Col.	EXPLANATION OF AUDIT ADJUSTIMENT	3	reported	(Scoredes)	, ajaotoa
21 MH 1966A 8 A	110.	0611							
Report dated April 30, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.	22 - 23 - 24 25	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8A 9 9A 10 10A 11	Total Total Total Total Total Total Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/time for	the	527,191 3,279 14,079 0 945 278 3,972	(4,609) - (314) - 47 (61) 92	222,410 * 522,582 * 3,279 * 13,765 * 0 * 992 * 217 * 4,064 * 767,309 *
* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	28 - 29 - - - 30	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8A 9 9A 10 10A 11	Total Total Total Total Total Total Total Total	county operated facilities to agree with the State DMH Approved Cla Report dated April 30, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions hav been provided to the County. See the MH 1970 worksheets, which is the units for the three (3) reimbursement periods. MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the SD/MC units of service/time per the State DMH Appro Claims Report to the county's records. Above adjustments include is Copies of workpapers detailing adjustments by service functions hav been provided to the County. See the MH 1970 worksheets, which is the units for the three (3) reimbursement periods.	ims ve veflects ved Phase II. ve	** 522,582 ** 522,582 ** 3,279 ** 13,765 ** 0 ** 992 ** 217 ** 4,064	4,109 - 314 - - - 61 (92)	213,172 * 526,691 * 3,279 * 14,079 * 0 * 992 * 278 * 3,972 * 762,463 *

Provider	DEL NORTE	COUNT	Υ		Provider Number 00008	No. of Adj. 42		eriod Ended 30, 2003
Adi	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTMENT	·s	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Sch.	Line	Col.	EXCEPTION OF FROM FROM				
32 33 - 34 - -	Sch. MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total Total Total Info	ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2 MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust SD/MC units to incorporate the controls of the lower of the records or the State DMH Approved Claims Report. Above adjustments by set functions have been provided to the county. See the MH 1970 work which reflect the units for the three (3) reimbursement periods.	ents vice	** 213,172 ** 526,691 ** 3,279 ** 14,079 ** 992 ** 278 ** 3,972 ** 762,463	(212) (4,622) - (314) - - (5,148)	212,960 522,069 3,279 13,765 0 992 278 3,972 757,315
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r DEL NORTE	COUNT	ΓY		Provider Number 00008	No. of Adj. 42		eriod Ended 30, 2003
	Report Refe		<u> </u>			As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	'S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
- 35 -	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS		324 19,011 19,335	- 126 126	324 * 19,137 * 19,461 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for County's contract providers to agree with the State DMH Approved (Report dated April 30, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which return the units for the three (3) reimbursement periods.	Claims ve			
- 36 -	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS		** 324 ** 19,137 ** 19,461	- (51) (51)	324 19,086 19,410
				To adjust the SD/MC units of service/time per the State DMH Approximates Claims Report to the county's records. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which return the units for the three (3) reimbursement periods.	re			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r DEL NORTE	COLIN	гv		Provider Number 00008	1	No. of Adj.			eriod En	1
	Report Refe						As	lr.	crease		As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	rs .		Reported	\$	ecrease)	,	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLEME	<u>NT</u>						
37	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB		\$	251,632	\$	7,161	\$	258,793
:				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbur as a result of adjustments to the contract providers SD/MC units of service/time.	rsement						
38 39	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY	ALTHY FAMILIES REIMBURSEMENT - COUNTY						945,954 * 5,493 951,447
40	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	NEDO.		99,129		3,581		102,710
-	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	JERS		99,129		3,581	-	102,710
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustment reported costs and units.	s to						
41	Sch. 2a	55	3	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY		** \$	945,954	\$	(305)	\$	945,649
				To incorporate the Quality Assurance Review results (report dated February 10, 2005).							
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT				To the state of th			
42	Sch. 4	8	3	TOTAL EPSDT SGF		\$	310,356	\$	(9,439)	\$	300,917
				To adjust the State General Fund share of EPSDT as a result of adjute to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, a Column C of the form MH 1979 of the audited County and contract p cost reports.	nd 18,						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: DEL NORTE COUNTY

County Code: 08

	Legal Entity: DEL NORTE COUNTY	Α	В	С
Leg	gal Entity Number: 00008	Salaries	,	Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	1,237,739	2,114,547	3,352,286
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(528,237)	(528,237)
4	Other Adjustments (Provide Detail)		(278,723)	(278,723)
5	Total Costs Before Medi-Cal Adjustments	1,237,739	1,307,587	2,545,326
6	Medi-Cal Adjustments from MH 1961			132,107
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,677,433
	Administrative Costs (County Only)			
9	SD/MC Administration			282,789
10	Healthy Families Administration			1,417
11	Non-SD/MC Administration			123,699
12	Total Administrative Costs			407,906
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			43,309
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			19,290
16	Total Utilization Review Costs			62,599
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			2,206,928
19	Total Costs - Lines 9 through 18			2,677,433

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: DEL NORTE COUNTY

County Code: 08

	Legal Entity: DEL NORTE COUNTY	A	В	С
Le	gal Entity Number: 00008	Salaries		Total
		and Benefits	Other	Adjustments
1	Depreciation Expense		29,614	29,614
2				
3				
4	Per Audits:			
5	A-87 Adjustment		152,512	152,512
6	Food		(5,073)	(5,073)
7	Transportation - Clients		(44,946)	(44,946)
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				the decision of the second of
20	Total Adjustments		132,107	132,107

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: DEL NORTE COUNTY

County Code: 08

	Legal Entity: DEL NORTE COUNTY	A					
Le	gal Entity Number: 00008	Total					
		Costs					
1	Mode Costs (Direct Service and MAA) from MH 1960	2,206,92					
	Modes						
2	Hospital Inpatient Services (Mode 05-SFC 10-19)						
3	Other 24 Hour Services (Mode 05-All Other SFC)						
4	Day Services (Mode 10)	357,527					
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,814,981					
6	Outreach Services (Mode 45)	7,420					
7	Medi-Cal Administrative Activities (Mode 55)						
8	Support Services (Mode 60)	27,000					
9	Total - Lines 2 through 8	2,206,928					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: DEL NORTE COUNTY

	County Code: 08		1	CR			·	7	
	Legal Entity: DEL NORTE COUNTY		Α	B	C	D	E	F	G
Leg	al Entity Number: 00008		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Servic
	Mode: 10 - Day Services	****	iviode rotai	95	Function	Function	Function	Punction	Function
	Allocation Percentage		100.00%	100.00%		 	 	 	
	Total Units		100.00%	4,881			 		
3	Gross Cost		357,527	357,527				-	
27.7.		<u> </u>					0400400000		100001000
1	Cost per Unit			73.25					
	SMA per Unit			115.14				ļ	
	Published Charge per Unit			70.60				 	
	Negotiated Rate / Cost per Unit	-1		<u> </u>			-1-151-171-171-151		-1-1-1-1-1
3	Medi-Cal Units	07/01/02 - 09/30/02		1,068					
ЗА	Wed-Cal Oliks	10/01/02 - 06/30/03		3,325					
3	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
A.		10/01/02 - 06/30/03							
0	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
0A	·	10/01/02 - 06/30/03							
0B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
1	Healthy Families (SED) Units	07/01/02 - 09/30/02							
1A		10/01/02 - 06/30/03							
2	Non-Medi-Cal Units			488				<u> </u>	
3	<u>aliala la la la jaja la la jaja la la</u>	07/01/02 - 09/30/02	78,230	78,230	****************			*****	1114141414141414
3A	Medi-Cal Costs	10/01/02 - 06/30/03	243,552	243,552					
4		07/01/02 - 09/30/02	122,970	122,970					
4A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	382,841	382,841					
5		07/01/02 - 09/30/02	75,401	75,401					
5A	Medi-Cal Published Charges	10/01/02 - 06/30/03	234,745	234,745					
6	M. II G. (1)	07/01/02 - 09/30/02							
6A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03			-				-
				200000000000000000000000000000000000000					
7	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	 						
7A		10/01/02 - 06/30/03							
8	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9 9A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02							
0A	Medicare/Medi-Cal Crossover Negotiated Rates		 						
UA		10/01/02 - 06/30/03	***************************************	141,777,777,177,177	o referencial de les	-1-170-1-170-170		4344201111111111111111	4446666
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
1A	Elitariced 3D/MC Costs	10/01/02 - 06/30/03							
2	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
2A	Enhanced 3D/NC 3NA Opper Limits	10/01/02 - 06/30/03							
3	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
ЗА	Emilianosa obrano i abilantea onargea	10/01/02 - 06/30/03							
4	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
4A	Enhanced 3D/N/C Negotiated Rates	10/01/02 - 06/30/03							
5	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					******************		22.000.000.000.000.000.000.000.000.000.
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	 						
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	 -						
	and the second of the second o	organisticamo (digento	100000000000000000000000000000000000000	diamentaria	marin and	nn an a	and and the Plant		
9	Healthy Families Costs	07/01/02 - 09/30/02	ļl.						
9A		10/01/02 - 06/30/03							
2	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
0A		10/01/02 - 06/30/03							
1	Healthy Families Published Charges	07/01/02 - 09/30/02							
1A		10/01/02 - 06/30/03							
2	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						L	
2A		10/01/02 - 06/30/03						<u> </u>	
		 A. A. Barra de de			فالمشما مشعشما ماما مصمت	and the second second second	and the second second second second	na emerica de la facta de la f	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: DEL NORTE COUNTY

	County Code: 08			CR	CR	CR	CR		
	Legal Entity: DEL NORTE COUNTY		Α	В	С	D	E	F	G
Le	gal Entity Number: 00008			Service	Service	Service	Service	Service	Service
ļ	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
	Taller Mar Daniel		100 000/	01	30	60	70		
1	Allocation Percentage Total Units		100.00%	16.71%	38.72%	31.94%	12.63%		
2	Gross Cost		1,666,254	211,317 278,441	444,228 645,252	178,710 532,140	90,541 210,421		
1000			1,000,234			(Sideral del del del de			
4	Cost per Unit			1.32	1.45	2.98	2.32		
5	SMA per Unit			1.77	2.28	4.23	3.41		
6	Published Charge per Unit			1.27	1.40	2.87	2.24		
7	Negotiated Rate / Cost per Unit				021111111111111111111	[-1-197-1-1-1-1-1	4-0-24-0-0-4	
8	Medi-Cal Units	07/01/02 - 09/30/02		44,370	55,925	22,904	10,558		
8A	Medi-oar Oring	10/01/02 - 06/30/03		91,061	233,891	82,662	31,695		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				3,279			
9A	Thousand Carlot Country Country	10/01/02 - 06/30/03				13,765			
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A	·	10/01/02 - 06/30/03		166	656	47	123		
$\overline{}$	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			19	259			
11A		10/01/02 - 06/30/03		773	2,372	740	87		
12	Non-Medi-Cal Units			74,947	151,365	55,054	48,078		*****************
13	Medi-Cal Costs	07/01/02 - 09/30/02	232,434	58,464	81,232	68,201	24,537		
13A	ivieur-Car Costs	10/01/02 - 06/30/03	779,519	119,986	339,732	246,140	73,660		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	338,931	78,535	127,509	96,884	36,003		
14A	Wedi-Cai SWA Opper Limits	10/01/02 - 06/30/03	1,152,190	161,178	533,271	349,660	108,080		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	224,029	56,350	78,295	65,734	23,650		
15A	Wedi-Oar r ubilatica Offarges	10/01/02 - 06/30/03	751,332	115,647	327,447	237,240	70,997		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	mica: our regolated reaco	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02	9,764	ind a find a find a find a find a find	<u>alatatatatatatatatat</u>	9.764		*****************	
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	40,988			40,988			
18	Madiana Madia Cal Casa and SMA 11- and indicate	07/01/02 - 09/30/02	13,870			13,870			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	58,226			58,226			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	9,411	-		9,411			
19A	Medicare/Medi-Cai Crossover Published Charges	10/01/02 - 06/30/03	39,506			39,506			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	Medical crivical-oal orossover riegotiated reales	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	1-1-1-1-1-1-1-1-1-1-1-1-1-1			.1217121212121212121			<u> La constantino de la constantino della constan</u>
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	1,597	219	953	140	286		
	E	07/01/02 - 09/30/02	1,007		- 555	170	200		
22 22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	2,408	294	1,496	199	419		
23	Establish of Alexander Control	07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	1,540	211	918	135	276		
24	Enhanced CDIMC Negati-t-1 D-t	07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	************	THE PERSON OF	THE PERSON NAMED IN COLUMN 1		100000000000000000000000000000000000000		
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03				-			
101010	Healthy Families Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03			0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	TOTAL PROPERTY.		440000	E0000000000000000000000000000000000000	
29			799		28	771			
29A			6,870	1,019	3,445	2,203	202		
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	1,139		43	1,096			
30A		10/01/02 - 06/30/03	10,203	1,368	5,408	3,130	297		
31	Healthy Families Published Charges	07/01/02 - 09/30/02	770		27	743			
31A		10/01/02 - 06/30/03	6,621	982	3,321	2,124	195		
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03			<u></u>	220000000000	<u> </u>		
33	Non-Medi-Cal Costs		594,283	98,754	219,861	163,933	111,735		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: DEL NORTE COUNTY

Logal Cital) (Value Cital)		F Service Function	E Service Function 38 0.02% 60 31 0.52	Service Function 39 0.19%	Service Function 69	Service Function			Legal Entity: DEL NORTE COUNTY pal Entity Number: 00008	Lec
Legal Entity Number: 00008 Mode: 15 - Outpatient (Program 2) Mode Total Service Function Function	Service Service		Service Function 38 0.02% 60 31 0.52	Service Function 39 0.19%	Service Function 69	Service Function			al Entity Number: 00008	Le
Mode: 15 - Outpatient (Program 2) Mode Total Function Func			Function 38 0.02% 60 31 0.52	Function 39 0.19% 240	Function 69	Function	Mode Total			
Allocation Percentage			38 0.02% 60 31 0.52	39 0.19% 240	69				Mode: 15 - Outpatient (Program 2)	
Total Units			60 31 0.52	240	3.03%		1 1			
Total Units 157.570 3.260 240 60			31 0.52			96.76%	100.00%		Allocation Percentage	1
Cost per Unit Cost per Uni			0.52	276	3,260	157,570				2
SMA per Unit				210	4,506	143,914	148,727		Gross Cost	3
SMA per Unit				1 15	1 38	0.91			Cost per Unit	4
6 Published Charge per Unit Negotiated Rate / Cost per Unit 7 Negotiated Rate / Cost per Unit 07/01/02 - 09/30/02 78,135 8A Medi-Cal Units 07/01/02 - 06/30/03 79,435 9 Medicare/Medi-Cal Crossover Units 07/01/02 - 09/30/02 9/30/02 10 Enhanced SD/MC Units 07/01/02 - 09/30/03 07/01/02 - 09/30/03 10B Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 07/01/02 - 06/30/03 111 Healthy Families (SED) Units 07/01/02 - 09/30/02 07/01/02 - 09/30/02 112 Non-Medi-Cal Units 07/01/02 - 09/30/03 3,260 240 60 13 Medi-Cal Costs 07/01/02 - 09/30/03 71,363 71,363 71,363 14 Medi-Cal SMA Upper Limits 07/01/02 - 09/30/02 78,148 178,148 178,148 15 Medi-Cal Published Charges 07/01/02 - 09/30/02 181,112 181,112 181,112										
Regotiated Rate / Cost per Unit			i							
Nedi-Cal Units 10/01/02 - 09/30/02 78,135 79,435										7
BA Medi-Cal Onts 10/01/02 - 06/30/03 79,435						70 405		107/04/02 00/00/02		11111
9 Medicare/Medi-Cal Crossover Units									Medi-Cal Units	
Medicare/Medi-Cal Crossover Units 10/01/02 - 06/30/03		· · · · · · · · · · · · · · · · · · ·				75,433				
10									Medicare/Medi-Cal Crossover Units	
10A										
10B Enhanced SD/MC (Refugees) Units									Enhanced SD/MC Units	
11									Enhanced SD/MC (Refugees) Units	
11A Healthy Families (SED) Units 10/01/02 - 06/30/03	1									
12 Non-Medi-Cal Units 3,260 240 60 13 Medi-Cal Costs 07/01/02 - 09/30/02 71,363 71,363 13A Medi-Cal Costs 10/01/02 - 06/30/03 72,551 72,551 14 Medi-Cal SMA Upper Limits 07/01/02 - 09/30/02 178,148 178,148 14A Medi-Cal SMA Upper Limits 10/01/02 - 06/30/03 181,112 181,112 15 Medi-Cal Published Charges 07/01/02 - 09/30/02									Healthy Families (SED) Units	
13 Medi-Cal Costs 07/01/02 - 09/30/02 71,363 71,363 71,363 10/01/02 - 09/30/03 72,551			60	240	3 260			110/01/02 - 00/00/03	Non-Medi-Cal Units	
13A Medi-Cal Costs	mana kananga					<u> यक्तवर्ष्ट्र संस्कृत</u>				1000
13A									Medi-Cal Costs	
14A Medi-Cal SiMA Opper Limits										
15 Madi-Cal Published Charges 07/01/02 - 09/30/02									Medi-Cal SMA Upper Limits	
						181,112	181,112			
15A 10/01/02 - 06/30/03									Medi-Cal Published Charges	
16 Medi-Cal Negotiated Rates 97/01/02 - 09/30/02		·							Medi-Cal Negotiated Rates '	
16A Neuroa regulated reals 10/01/02 - 06/30/03										
17 Medicare/Medi-Cal Crossover Costs 07/01/02 - 09/30/02									fedicare/Medi-Cal Crossover Costs	
17A 10/01/02 - 06/30/03										
18 Medicare/Medi-Cal Crossover SMA Upper Limits 07/01/02 - 09/30/02									Medicare/Medi-Cal Crossover SMA Upper Limits	
18A 10/01/02 - 06/30/03										
Medicare/Medi-Cal Crossover Published Charges									Medicare/Medi-Cal Crossover Published Charges	
19A 10/01/02 - 06/30/03										
20 Medicare/Medi-Cal Crossover Negotiated Rates 07/01/02 - 09/30/02									Medicare/Medi-Cal Crossover Negotiated Rates	
20A Medical environment Cell Crossover (Regonated Teles 10/01/02 - 06/30/03		************				1-1-1-1-1-1-1-1-1-1-1-1-1		10/01/02 - 06/30/03		20A
21 Enhanced SD/MC Costs 07/01/02 - 09/30/02								07/01/02 - 09/30/02	Enhanced SD/MC Coets	21
21A 11/01/02 - 06/30/03								10/01/02 - 06/30/03	Lillianced 3D/WC Costs	21A
22 Enhanced SD/MC SMA Upper Limits 07/01/02 - 09/30/02									Enhanced SD/MC SMA Unper Limits	
22A 10/01/02 - 06/30/03									Enhanced Spinio Shirt Opper Limits	22A
23 Enhanced SD/MC Published Charges 07/01/02 - 09/30/02									Enhanced SD/MC Published Charges	
23A 10/01/02 - 06/30/03										
24 Enhanced SD/MC Negotiated Rates 07/01/02 - 09/30/02									Enhanced SD/MC Negotiated Rates	
24A 11/1/21/02 - 06/30/03			 					10/01/02 - 06/30/03	Zimanissa Commo rregoriado rrato	24A
25 Enhanced SD/MC (Refugees) Costs 107/01/02 - 06/30/03				****************				07/01/02 - 06/30/03	Enhanced SD/MC (Refugees) Costs	25
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03				····						
27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03				····						
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03										
										11111
29									lealthy Families Costs	
20 07/01/02 00/30/02									1	
30A Healthy Families SMA Upper Limits 10/01/02 - 09/30/02 10/01/02 - 06/30/03							 			
07/01/02 09/30/02									107	
S1 Healthy Families Published Charges			-						Healthy Families Published Charges	
07/01/02 09/30/02										
322 Healthy Families Negotiated Rates		1					 		Healthy Families Negotiated Rates	
			,					4 10/01/02 - 06/30/03		
33 Non-Medi-Cal Costs 4,813 4,506 276 31					7777					إننين

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: DEL NORTE COUNTY County Code: 08

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DETAIL COST REPORT

	Legal Entity: DEL NORTE COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00008		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
		1 [20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		19,594					
3	Gross Cost	7,420	7,420					
4	Cost per Unit		0.38	ioniskandaja:				
5	Non-Medi-Cal Units		19,594					
6	Non-Medi-Cal Costs	7,420	7,420	141-1-14141-1-1-1-14141-	[arelalahaharaniahahahara		<u> 41-1-1-1-1-1-1-1-1-1-1</u>	*P*******************

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: DEL NORTE COUNTY County Code: 08

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DETAIL COST REPORT

	Legal Entity: DEL NORTE COUNTY	A	В	С	D	E	F	G
Le	egal Entity Number: 00008		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support		Function	Function	Function	Function	Function	Function
		1	20	30				
1	Allocation Percentage	100.00%	13.00%	87.00%				
2	Total Units		8,424	56,376				
3	Gross Cost	27,000	3,510	23,490				
4	Cost per Unit		0.42	0.42	<u> </u>			
5	Non-Medi-Cal Units (Same as Line 2)		8,424	56,376				
6	Non-Medi-Cal Costs (Same as Line 3)	27,000	3,510	23,490	410000000000000000000000000000000000000			

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: DEL NORTE												
	County Code: 08				REIMBURS	EMENT TYPE	PC		Costs			Costs	
	Legal Entity: DEL NORTE		A	В	C	D	E	F., I	G	н	L L	J	K
Leg	al Entity Number: 00008		\dashv	Mode 55		Total	Total Inpatient				Total Outpatient		Total Outpatient
				S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
1	T	07/01/02 - 09/30/02	S.F.'s 01-09	31-39	S.F.'s 21-29		Hospital	Other	Mode 10 78,230	Program (1)	Program (2)	Program (2)	382,027
1A	Medi-Cal Costs	10/01/02 - 06/30/03							243,552	232,434 779,519	310,664 1,023,071	71,363 72,551	1,095,622
2	Medi-Cal SMA	07/01/02 - 09/30/02	4						122,970	338,931	461,900	178,148	640,048
2A		10/01/02 - 06/30/03 07/01/02 - 09/30/02							382,841 75,401	1,152,190 224,029	1,535,030 299,430	181,112	1,716,142 299,430
3A	Medi-Cal P. C.	10/01/02 - 06/30/03							234,745	751,332	986,077		986,077
4	Medi-Cal N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								·			
4A											3-1-1-1-1-1		
5A	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03							78,230 243,552	232,434 779,519	310,664 1,023,071	71,363 72,551	382,027 1,095,622
6		07/01/02 - 09/30/02						221112222222		9,764	9,764		9,764
6A	Medicare/Medi-Cal Crossover Cost	10/01/02 - 06/30/03								40,988	40,988		40,988
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								13,870	13,870		13,870
7A 8	Medicare/Medi-Cal Crossover P. C.	10/01/02 - 06/30/03 07/01/02 - 09/30/02					,			58,226 9,411	58,226 9,411		58,226 9,411
8A	Wedicare/wedi-Cal Crossover F. C.	10/01/02 - 06/30/03								39,506	39,506		39,506
9A	Medicare/Medi-Cal Crossover N, R,	07/01/02 - 09/30/02											
10		07/01/02 - 09/30/02								9,764	9,764		9,764
10A	Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03								40,988	40,988		40,988
11	T. 1. 100 M.C. 100 M.	07/01/02 - 09/30/02							78,230	242,198	320,428	71,363	391,791
11A	Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03							243,552	820,507	1,064,059	72,551	1,136,610
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A 13		10/01/02 - 06/30/03 07/01/02 - 09/30/02	4::::::::::::::::::::::::::::::::::::::							1,597	1,597		1,597
13A	Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03								2,408	2,408		2,408
14 14A	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								1 540	1.510		
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02								1,540	1,540		1,540
15A	Ciniarced 35/WC (Ciniarcity N. IV.	10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A	F-F	10/01/02 - 06/30/03					**********	11,770,11,777,77		1,597	1,597	<u>. 1,11,111,111,111,111,111,111,111,111,1</u>	1,597
17	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03						14241422244444			garagaana		
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02 10/01/02 - 06/30/03							78,230	242,198	320,428	71,363	391,791
22 22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03							243,552	822,105	1,065,657	72,551	1,138,207
23	UW. 5	07/01/02 - 09/30/02							*************	799	799		700
23A	Healthy Families Cost	10/01/02 - 06/30/03								6,870	6,870		799 6,870
24 24A	Healthy Families SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03								1,139 10,203	1,139 10,203		1,139
25 25A	Healthy Families P. C.	07/01/02 - 09/30/02								770	770		10,203 770
25A 26		10/01/02 - 06/30/03 07/01/02 - 09/30/02								5,621	6,621		6,621
26A	Healthy Families N. R.	10/01/02 - 06/30/03											
27	Hagithy Eggelling Come Brian	07/01/02 - 09/30/02					VI-1-171-1-1-171-1-1			799	799		799
27A	Healthy Families Gross Reim.	10/01/02 - 06/30/03								6,870	6,870		6,870
28	Less: Patient and Other Payor Revenues	07/01/02 - 09/30/02								3,370	3,370		2 270
28 28A	SD/MC + Crossover Revenues	10/01/02 - 06/30/03								11,060	11,060		3,370 11,060
29 30	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)	***************************************											
33	Medi-Cal Eligibility Factor (Average) Revenue - MAA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
1000	Revenue - MAA												
35 35A	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03		100000000					78,230 243,552	238,828 811,045	317,058 1,054,597	71,363 72,551	388,421 1,127,147
36	Net Due - Enhanced SD/MC (Refugees)								670,002			12,331	2
37 37A	Net Due - Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03								799	799 6 870		799
210	Amount Negotiated Rates Exceed Costs	1.0.0 1102 - 00100100								6,870	6,870		6,870
38		07/01/02 - 09/30/02	haaaaaa l										
38 38A 39	SD/MC (Includes Children)	10/01/02 - 06/30/03											
39 40	Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02											
40A	Healthy Families	10/01/02 - 06/30/03											

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: DEL NORTE

County Code: 08

Legal Entity: DEL NORTE

Legal Entity Number: 00008		Α	В	С	D	E	F
Data Type		Net Direct Costs		FFP		Effective	
Data Type		(Gross Reim. Costs - Revenue)		Dollars		FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U	Calculated	
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -
	Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)					- but - year	
3	10 - Day Services	78,230	243,552	40,210	125,345		7 160
4	15 - Outpatient (Program 1)	238,828	809,447	122,758	417,007	and V _B (2)	10 mg/1
5	15 - Outpatient (Program 2)	71,363	72,551	36,681	36,275		
6	Totals	388,421	1,125,550	199,648	578,627		
7	Totals from MH1979	388,421	1,125,550	199,648	578,627		10 PM 10 PM
8	Effective SD/MC FFP %					51.40%	51.41%

DETAIL COST REPORT

FFP %

FFP %

Fiscal Year 2002-2003

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: DEL NORTE Source: Source: County Code: 08 MH1978 E8 MH1978 F8 Legal Entity: DEL NORTE В С D Ğ Legal Entity Number: 00008 Total Total Total 50% 51.40% 51,41% Variable % 75% Total FFP MAA Inpatient Outpatient Total FFP FFP FFP FFP FFP SD/MC Administrative Reimbursement (County Only) 1,529,998 County SD/MC Direct Service Gross Reimbursement 1,529,998 Contract Provider Medi-Cal Direct Service Gross Reimbursement 58,608 200,185 258,793 1,788,791 Total Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit 268,319 282,789 Medi-Cal Administration 268,319 6 Medi-Cal Administrative Reimbursement 134,159 134,159 Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement 7.668 7.668 Healthy Families Administrative Reimbursement Limit 767 Healthy Families Administration 1.417 10 Healthy Families Administrative Reimbursement 767 500 500 SD/MC Net Reimbursement for MAA Medi-Cal Admin. Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 43,309 32,482 32,482 15 Other SD/MC Utilization Review (County Only) 07/01/02 - 09/30/02 16 388,421 388,421 199,648 199,648 SD/MC Net Reimbursement for Direct Services 16A 10/01/02 - 06/30/03 1,125,550 1,125,550 578,627 578,627 17 07/01/02 - 09/30/02 Enhanced SD/MC Net Reimb. (Children) 17A 10/01/02 - 06/30/03 1,597 1,597 1,038 1,038 18 Enhanced SD/MC Net Reimb. (Refugees) 19 Total SD/MC Reimbursement Before Excess FFP 945,954 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP) 945,954 22 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 945,954 07/01/02 - 09/30/02 799 799 527 527 Healthy Families Net Reimbursement 24A 10/01/02 - 06/30/03 6,870 6,870 4,465 4,465 25 Total Healthy Families Reimbursement Before Excess FFP 5,493 26 Amount Negotiated Rates Exceed Costs - Healthy Families 27 Total Healthy Families Reimbursement 5,493